

立法會 *Legislative Council*

LC Paper No. CB(4)1615/20-21(03)

Ref : CB4/PL/HS

Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 8 October 2021

Measures for the prevention and control of coronavirus disease 2019 in Hong Kong

Purpose

This paper summarizes the concerns of Members on the Administration's measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong.

Background

2. COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. Following its declaration of the outbreak as a Public Health Emergency of International Concern on 30 January 2020, the World Health Organization ("WHO") characterized COVID-19 as a pandemic on 11 March 2020.¹

3. The most common symptoms of COVID-19 include fever, dry cough and fatigue. Other symptoms include loss of taste or smell, nasal congestion, conjunctivitis, sore throat, headache, muscle or joint pain, skin rash, nausea or vomiting, diarrhoea, chills or dizziness. Some people may only have very mild or non-specific symptoms, while some may develop severe symptoms like shortness of breath, chest pain or confusion. Complications may include respiratory failure, acute respiratory distress syndrome, sepsis and septic shock, thromboembolism, and/or multi-organ failure including injury of the heart, liver or

¹ The updated number of confirmed cases, confirmed deaths and as well as countries, areas or territories with cases can be found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

kidneys. People of older age and those with underlying medical problems (e.g. hypertension, heart and lung problems, diabetes, obesity or cancer) are at higher risk of developing serious illness. The updates on local infection situation can be found at the webpage of the Centre of Health Protection ("CHP").²

4. The main mode of transmission of COVID-19 is through respiratory droplets, the virus can also be transmitted through contact. Most estimates of the incubation period range from one to 14 days, most commonly around five to six days.

5. The Government has been taking measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic infections. The COVID-19 Vaccination Programme was officially launched on 26 February 2021 and is currently open to persons aged 12 and above. Details of the latest measures implemented by the Government are laid down in the Administration's paper to be provided to the Panel (LC Paper No. CB(4)1615/20-21(02)).

Latest deliberations and concerns of Members

6. The Panel on Health Services ("Panel") discussed issues relating to the measures for the prevention and control of COVID-19 in Hong Kong at 19 meetings. The latest deliberations and concerns of members are summarized in the following paragraphs.

Immigration control measures

Measures to prevent importation of cases

7. At the Panel meetings on 4 and 14 May 2021, members expressed concern that the Administration had failed to react timely to guard against importation of cases. Some members commented that there had been wide media reports that the local epidemic situation in some places, such as India, Taiwan and Malaysia, had been worsening, but the Administration had been late in tightening the immigration control measures, such as timely upgrading those countries to higher risk groups and suspending flights from those countries. As a result, there were risks of transmission of virus into the community. Some members noted that some cases with mutant strain were confirmed after the persons had undergone compulsory quarantine for 21 days in designated quarantine hotels. They urged the Administration to review the period of compulsory quarantine and to step up measures to prevent transmission of virus within designated quarantine hotels. There was also a view that the Administration might consider requiring all inbound travellers to undergo antibody test.

² <https://www.coronavirus.gov.hk/eng/index.html>

8. The Administration advised that it would implement enhancement measures to further strengthen infection control at designated quarantine hotels. For those arriving in Hong Kong, apart from undergoing the test-and-hold arrangement at the airport, they would also be subject to further tests while undergoing compulsory quarantine at designated quarantine hotels.

9. Arising from several confirmed cases with mutant strains involving persons working at the Hong Kong airport and the designated quarantine hotels from June to August 2021, some members considered that all frontline staff who had chances of contact with inbound travellers and hence higher infection risks should receive vaccination.

10. The Administration advised that it had requested the Airport Authority and designated quarantine hotels to speed up vaccination arrangements for their staff, arrange vaccinated staff to work, and at the same time strengthen testing arrangements for vaccinated staff.³

Adjustment of quarantine requirements for vaccinated persons arriving at Hong Kong

11. Following the Administration's announcement on 21 June 2021 on its plan to shorten the compulsory quarantine period to seven days for persons arriving at Hong Kong who were fully vaccinated against COVID-19 and with a positive result of serology testing for antibodies, some members raised at the Panel meeting on 9 July 2021 that the above arrangement might increase the risk of importing cases.

12. The Administration advised that the relevant arrangements were to implement the interim recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases ("Joint Scientific Committee") joined by the Chief Executive's expert advisory panel. The relevant persons were still subject to multiple nucleic acid tests after arrival to avoid missing any cases.

13. Members subsequently noted that in view of the developments of the global COVID-19 epidemic situation and the latest expert recommendations, the quarantine requirements for persons arriving at Hong Kong from overseas places

³ The Airport Authority had imposed a requirement (which would take effect from 1 August 2021) that all employees who entered the restricted area of the Hong Kong International Airport must show either a certificate of vaccination or a certificate of negative results of a COVID-19 test taken within 14 days. On 20 August 2021, the Airport Authority announced that targeted groups of workers would be required to receive COVID-19 vaccines, with negative test results no longer a substitute for vaccination.

would be tightened from 20 August 2021. The requirements included that for fully vaccinated travellers arriving at Hong Kong who had stayed in medium-risk places, their compulsory quarantine periods could only be shortened to 14 days upon presentation of recognized vaccination records, and the quarantine periods could no longer be further reduced subject to a positive serology antibody test result.

Exemption of compulsory quarantine for inbound travellers

14. Arising from the quarantine exemption of overseas film personnel undertaking location filming in Hong Kong, many members expressed grave concern at the Panel meeting in August 2021 about the mechanism for granting such exemption and the arrangements for monitoring to ensure compliance with the exemption conditions by the personnel concerned. The Administration was requested not to grant quarantine exemption to personnel from high-risk places.

15. The Administration advised that to maintain necessary operation of Hong Kong's society and economy, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration ("CS") has, in accordance with the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), exempted certain categories of persons (for example, cross-boundary goods vehicle drivers, crew members of aircraft, consular and diplomatic officers, etc.) from the compulsory quarantine requirement upon arrival in Hong Kong. Exempted persons must be subject to certain sets of exemption conditions, including requirements on regular testing, self-isolation or restricted movement. These conditions were adjusted from time to time in accordance with the global and local epidemic situation and the risk assessment of respective exemption categories. In addition to the above-mentioned conditions, exempted persons were subject to medical surveillance during their stay in Hong Kong as required by DH.

16. The Administration further advised that all exempted persons must possess a negative COVID-19 test report prior to boarding and are subject to "test-and-hold" arrangement upon arrival in Hong Kong International Airport. They must also undergo several tests during their stay in Hong Kong depending on the risk levels of the places where they had previously stayed in.

Designated quarantine hotel services

17. At the Panel meeting on 11 June 2021, some members raised concern over insufficient rooms offered by designated quarantine hotels to cater for the recent surge in demand from travellers returning to Hong Kong. The Administration responded that it had increased the supply of quarantine hotel rooms in the fourth cycle. Apart from liaising with those fourth cycle quarantine hotels to release

their blocked off rooms for booking, the Administration had also secured the addition of two more designated hotels. The number of rooms that could be provided in the fourth cycle would exceed 11 000. The Administration would continue to monitor the situation.

Request for reopening the border with the Mainland

18. As no new local confirmed cases of COVID-19 has been recorded most of the time since May 2021, Hong Kong has basically achieved the target of "zero local cases". Some members urged the Administration to discuss the feasibility of reopening the border with the Mainland authorities. These members asked about the progress of letting experts from both sides discuss what more Hong Kong could do to ensure the safe reopening of the border.

19. The Administration advised that experts of both sides had been communicating with each other to exchange information and experience under the co-operation mechanism on joint prevention and control of the epidemic. The relevant work would continue.

Recognition of overseas vaccination record

20. Under the current arrangements, Hong Kong residents who have stayed in high-risk Group A specified places, have been fully vaccinated and hold a recognized vaccination record may board flights for Hong Kong. Some members urged the Administration to speed up the work on reaching agreements with the relevant countries on bilateral vaccination record recognition to facilitate Hong Kong residents who had been stranded in those specified places to return to Hong Kong as soon as possible.

21. The Administration advised that it would continue to discuss with other places the arrangements for the recognition of vaccination records, and would update the "List of COVID-19 Vaccines Recognised for Specified Purposes" when recognition arrangements had been agreed with those places.

Arrangements at quarantine centres

22. Members noted that the Administration had set up quarantine centres which currently accommodated people who were close contacts of confirmed cases, but without compatible symptoms for compulsory quarantine. In April and May 2021, due to the transmission of mutant strain in the community, a number of people had to undergo compulsory quarantine at quarantine centres. At the Panel meeting on 4 May 2021, some members considered that fully vaccinated persons should be exempted from compulsory quarantine.

23. On 7 May 2021, the Administration announced the updated quarantine requirements for vaccinated close contacts of locally acquired COVID-19 cases. In brief, the duration of compulsory quarantine in a quarantine centre could be shortened provided that some criteria, such as provision of documented proof of vaccination, had been satisfied.

24. At the Panel meeting on 14 May 2021, some members expressed concern over the suspected food poisoning cases at the Penny's Bay Quarantine Centre and urged the Administration to improve the quarantine arrangements. The Administration responded that the caterer concerned was selected through an established mechanism. It might prosecute the caterer over alleged food contamination at the quarantine centre. It also undertook to implement measures to improve the quarantine arrangements and facilities in the future.

Viral testing capacity and community surveillance for coronavirus disease 2019

25. Members were concerned about the turnaround time of the COVID-19 viral tests performed by CHP under DH and the Hospital Authority ("HA") and the testing capacity of public institutions. Questions were raised as to whether and, if so, how the Administration would enhance its viral testing capacity for COVID-19. There were suggestions that the Administration should consider employing newly developed rapid tests to expedite the identification of confirmed cases and imposing a penalty on the service providers if they could not achieve the target of notifying the people receiving tests the results within 48 hours.

26. At the Panel meeting on 11 June 2021, the Administration advised that \$1.46 billion had been allocated in phases from the Anti-epidemic Fund since July 2020 to fund the cost of conducting tests for targeted groups. At present, community testing centres and mobile specimen collection stations could provide testing services for more than 60 000 people daily.

27. On members' concern about the presence of cases with false negative results which might increase the risk of spreading the disease in the community, the Administration explained that reasons contributing to false negative results included the collection technique of deep throat saliva samples and the viral load of the patients concerned. Subject to clinical assessment, repeated tests would be arranged where necessary.

28. Some members called for stricter and decisive measures for achieving the target of "zero" infection case in the community. Suggestion of universal compulsory testing was strongly put forth to help identifying asymptomatic infected persons and cut the silent transmission chains in the community.

29. In response to the suggestion, the Administration explained that a risk-based and precision-guided testing strategy had been implemented for epidemic surveillance and testing in Hong Kong. Under this approach, specified high risk groups would be required to undergo compulsory testing on a mandatory basis, whereas targeted groups would be arranged to undergo testing on an obligatory basis. Other members of the public would be encouraged to undergo testing on a voluntary basis. The Administration considered the above three-pronged strategy more appropriate for adoption in Hong Kong having regard to local situation and circumstances.

30. The Administration also advised that with the outbreak of the fourth wave of the COVID-19 epidemic since November 2020, the Administration had stepped up measures to strengthen epidemic control. Since the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J)⁴ came into operation on 15 November 2020, the Administration had published in the Gazette compulsory testing notices multiple times to require specified groups of persons to undergo compulsory testing with a view to identifying and cutting the silent transmission chains in the community. In addition, the Administration had expanded the coverage of compulsory testing for residential buildings to achieve community clearing.⁵

31. On the provision of voluntary testing for general public, members expressed concern that it was not easy for the public to collect specimen bottles due to high demand and the points for returning specimens were inadequate. To provide convenience to the public, members called on the Administration to increase the number of specimen bottles for collection by the public and provide more collection points for returning specimens. The Administration advised that the number of specimen collection packs distributed in Hong Kong had been increased substantially. However, the number of specimen bottles collected by the Government was only around half of the amount distributed.

32. Following the announcement of the Administration that it would no longer accept deep throat saliva as specimen for compulsory testing, members raised concern at the Panel meeting in September 2021 about whether resources were sufficient to cope with the expected increase in demand for combined nasal and

⁴ A subcommittee was formed at the House Committee meeting on 16 October 2020 to study items of subsidiary legislation made under the Prevention and Control of Disease Ordinance (Cap. 599) relating to the measures implemented by the Administration in response to the COVID-19 epidemic situation in Hong Kong. As of 28 September 2021, the subcommittee has held 11 meetings and made eight written reports on its scrutiny work.

⁵ Currently, in all districts in Hong Kong, if one or more new confirmed cases are found in the residential buildings (including buildings for both commercial and residential uses), or there are sewage samples tested positive, or there are other factors which implied possible infection risks, the buildings will be included in the compulsory testing notice.

throat swab samples collected by professionals (professional swab sampling), whether there would be a mechanism for waiving the fee for undergoing professional swab sampling, and whether deep throat saliva as specimen would still be accepted for patients who were advised by doctors to undergo COVID-19 test.

33. The Administration advised that the new arrangement was targeted on compulsory testing only. At present, the community testing centres still had quotas for booking. The Administration would keep reviewing the demand for community testing centre services and might set up additional mobile specimen collection stations when necessary. Persons subject to compulsory testing under legislation or persons requested by doctors to undergo testing could undergo the tests at any community testing centres free of charge.

Maintaining social distancing

34. Members noted that with a view to introducing more drastic and effective time-limited measures to ensure social distancing and prevent people from congregating in order to control the spread of COVID-19 in Hong Kong, the Prevention and Control of Disease (Requirement and Directions) (Business and Premises) Regulation (Cap. 599F) and the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) were made under the Prevention and Control of Disease Ordinance on 27 March 2020.⁶ The former imposed temporary measures on catering business and scheduled premises,⁷ whereas the latter prohibited certain group gatherings in public place. Some members called for the launch of the third round of a \$30 billion Anti-epidemic Fund to enhance the support to the sectors affected by the implementation of the social distancing measures, in particular self-employed and others who were not covered by the last two rounds of the Fund.

35. A question was raised as to under what circumstances the social distancing measures imposed under the two Regulations would be lifted to enable the catering business and scheduled premises, which had been hard hit by the outbreak of COVID-19 and the anti-epidemic measures, and general public to resume businesses and social activities. The Administration advised that under the "suppress and lift" strategy for striking an appropriate balance amongst the aspects of public health, economic development and daily operation of society, it would continue to closely monitor the epidemic situation and review the various measures in place with a view to suitably adjusting them taking into account all relevant factors including the number of confirmed cases in Hong Kong and around the globe.

⁶ See footnote 4.

⁷ Under section 2 of the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation, "scheduled premises" meant any premises set out in Part 1 of Schedule 2 to the Regulation.

36. Stepping into November 2020 in which epidemic fatigue was observed as evidenced by an apparent rebound in the number of local cases brought about by mask-off gathering activities and staycation in hotels, members expressed deep concern about the effectiveness of the social distancing measures. They also urged the Administration to explore ways to enhance contact tracing to prevent the further spread of the virus in the community. The Administration advised that in response to the upsurge of local cases, they had promptly introduced legislative amendments to the relevant regulations to regulate gathering activities in hotels and guesthouses, as well as further tightened social distancing measures. To ensure public compliance of the relevant measures, the Administration gazetted in early December 2020 legislative amendments to relevant regulations under Cap.599 to raise the fixed penalty for breach of the requirements stipulated therein from \$2,000 to \$5,000 with effect from 11 December 2020.

37. On members' concern over the spread of the virus among foreign domestic helpers ("FDHs") and their dormitories, the Administration advised that they would step up promotional efforts to call upon FDHs to comply with relevant regulations on mask-wearing and prohibition of group gatherings in public places. Relevant law enforcement departments would continue to conduct joint operations at appropriate times.

38. With the implementation of tightened social distancing measures spanning across the Christmas and Chinese New Year ("CNY") holidays, members observed that the catering, public entertainment and beauty trades, among others, were hard hit by the tightened measures. They called on the Administration to review whether there was room to suitably relax the directions and specifications under Cap. 599F⁸ in order to avoid a new wave of business closure.

39. Members subsequently noted that the Administration gazetted on 17 February 2021 directions and specifications under Cap. 599F relating to relaxation of social distancing measures in catering businesses and scheduled premises from 18 February 2021.⁹ In gist, two new measures had been added to operations of catering business and some scheduled premises under Cap. 599F, namely the requirement that customers had to scan the "LeaveHomeSafe" QR code or had the specified information of their visits registered before they were allowed to enter the premises; and to arrange all staff involved in the operation of the premises to undergo a COVID-19 test regularly starting from 11 February 2021.

40. On 12 April 2021, the Chief Executive announced the new direction in fighting the pandemic. Under the new direction, the Government has adjusted social distancing measures with "vaccine bubble" as the basis. Details of the

⁸ See footnote 4.

⁹ For details of the directions and specifications, see press release "[Government begins to relax social distancing measures in gradual and orderly manner](#)" released on 17 February 2021.

measures were announced on 27 April 2021 and came into effect on 29 April 2021.¹⁰ According to the Administration, successful implementation on the measures hinges on co-operation of the patrons or participants of the relevant activities or group gatherings in the form of compliance with the relevant entry or participation requirements in relation to vaccination, use of "LeaveHomeSafe" mobile app and other requirements to cater for exceptional circumstances.

Response measures of the Hospital Authority

41. The issue of surge capacity of HA to cope with the outbreak of COVID-19 in Hong Kong was of considerable concern to members. Members noted that apart from activating most of the 1 400-odd isolation beds in public hospitals, HA had subsequently retrofitted one to two general wards in each hospital cluster into standard negative pressure wards to provide about 400 additional standard negative pressure beds for patients who were recovering but had not yet been confirmed negative for the virus. There was a call that HA should enhance the capacity of its isolation facilities in the longer run under the 10-year Hospital Development Plans to prepare for future outbreak of any communicable diseases. Separately, concern was raised over the stockpile of personal protective equipment ("PPE") for frontline healthcare personnel of public hospitals to cater for operational needs during emergency situation.

42. The Administration advised that HA had expedited the procurement of PPE since January 2020 and increased the stockpiling target to six months. The current stock quantities of major PPE items were sufficient for use for more than six months.

43. Noting that elective surgeries and other non-emergency services of HA had been deferred since mid-February 2020 to focus the manpower resources of public hospitals to combat the epidemic, some members considered that HA should expand the public-private partnership programmes to tap on the private sector to handle those cases with their appointments at public hospitals being deferred by HA, with a view to ensuring that patients would receive timely medical care. There were also calls from members that the Administration should provide HA's frontline healthcare personnel and supporting staff with special allowance to recognize their efforts to address the demand surge arising from the outbreak of the disease, and prescribe COVID-19 as an occupational disease under the Employees' Compensation Ordinance (Cap. 282) to safeguard the interests of employees (including healthcare staff) involving close and frequent contacts with sources of COVID-19 infection arising from their employment in specified high-risk occupation.

¹⁰ For details, see [Legislative Council Brief](#) issued by the Food and Health Bureau on 29 April 2021, and the [thematic webpage](#) relating to the operational details of the "vaccine bubble".

44. HA advised that 60% elective surgeries and 70% non-emergency services such as endoscopy examination had been deferred to focus the manpower resources of public hospitals to combat the epidemic. Separately, a funding of \$4.7 billion would be allocated from the Anti-epidemic Fund for HA's deployment on various fronts, including personnel-related expenditure for frontline staff involved in anti-epidemic efforts and Special Emergency Response Allowance for frontline staff mainly engaging in high risk duties, procuring additional PPE, and enhancing support for laboratory testing. In addition, the Locum Office had recruited part-time doctors to work in HA on a need and ad-hoc basis. On the view that COVID-19 should immediately be listed as a statutory occupational disease for different industries, it should be noted that while COVID-19 was currently not a compensable occupational disease prescribed under Cap. 282, section 36 of the Ordinance stipulated that an employee contracting a disease not prescribed as an occupational disease might still claim compensation from the employer under the Ordinance if it was an injury or death by accident arising out of and in the course of employment, and the employer was in general liable to pay compensation under the Ordinance.

45. Some members expressed concerns that there were cases whereby patients recovered from COVID-19 were tested positive again after discharging from hospital. There was also a call that the Administration should provide post-discharge support for recovered COVID-19 patients and psychological support for family members of the deceased. HA advised that under the prevailing discharge guideline, only those patients who had negative results in two consecutive viral tests conducted at a time interval of more than 24 hours between each test would be discharged from hospital. In some cases, the positive viral test results of the discharged patients might be caused by residual virus in their bodies. Subject to clinical assessment, repeated tests would be arranged. HA would provide discharged patients with healthcare and emotional support as and when necessary, and refer those cases with financial difficulties to the Social Welfare Department ("SWD") for follow up. The Princess Margaret Hospital would refer suitable patients who had recovered from COVID-19 to the Kwai Tsing District Health Centre to receive various services, including pathology explanation, infection control, emotional support, post-recovery nutritional supplement, consultation on anti-epidemic medication and restructuring of lifestyle, etc.

46. Pointing out that long-stay patients relied more heavily on support from family members both psychologically and in their daily lives, some members enquired about the circumstances under which the visiting arrangements of public hospitals, which had been suspended due to the outbreak of COVID-19, would be gradually resumed. HA advised that acute hospitals and wards would continue to make compassionate arrangement and video-visiting as far as practicable. HA would examine how to resume by phases the visiting arrangements in non-acute

hospitals with certain restrictions on the number of visitors and duration of stay if situation permitted.

Support measures for residential care homes

47. Referring to the emergence of confirmed cases in residential care homes for the elderly ("RCHEs") for the first time in early July 2020, members asked about the efforts made by the Administration to ensure that appropriate infection control measures had been put in place by RCHEs during the epidemic and adequate PPE was provided for staff members and residents of contract homes, private homes for the elderly participating in Enhanced Bought Place Scheme and private homes issued with licence. They called on the Administration to address the not uncommon problem of residential care units to deploy their staff to work in more than one institution which increased the risk of cross infection, and the poor and crowded living environment of hostels for workers imported by residential care units under the Supplementary Labour Scheme.

48. The Administration advised that SWD had provided all RCHEs and RCHDs with four rounds of special allowance for the procurement of PPE and sanitizing items since January 2020; distributed surgical masks for the staff of all residential service units, and all RCHEs and RCHDs for use by their residents in need; and launched an Anti-virus Coating Spray Subsidy under the Anti-epidemic Fund for all RCHEs and RCHDs to apply an anti-virus coating spray to their premises. With the activation of the Hong Kong PHAB Association Jockey Club PHAB Camp as a quarantine centre for residents of the RCHE concerned who were close contacts of the confirmed cases and were bedridden or requiring special care during the 14 day quarantine period, SWD would arrange for care workers to attend to the needs of residents who needed to be admitted to this quarantine centre. The medical needs of these residents would be taken care of by DH and HA.

Risk communication

49. In view of the prevalence of voluminous disease-related fake news and rumors on the internet, some members urged the Administration to make speedy public clarifications. The Administration assured members that risk communication, publicity, public education, port health measures, social distancing measures, etc. would continue to be enhanced as and when appropriate to heighten vigilance of the community against the disease. The Workgroup on Communications under the Steering Committee cum Command Centre would make sure that the latest and accurate messages were conveyed to all members of the public and stakeholders speedily and effectively. The most updated health advice could be found at the COVID-19 dedicated webpage in various languages.

50. Members in general welcomed the launch of the "LeaveHomeSafe" mobile application in November 2020, which could facilitate the public to keep a more precise record of their whereabouts, thereby enhancing the public's awareness to keep vigilance against the epidemic. Given the existence of unknown transmission chains in the community, some members urged the Administration to consider mandating the use of the mobile application by the public to facilitate epidemic surveillance and contact tracing. Taking note of the suggestion, the Administration advised that it would step up publicity efforts to promote comprehensive use of "LeaveHomeSafe" among members of the public and address their concern on personal data privacy.

Arrangements for dealing with possible outbreak in school setting

51. Members were concerned about the contingency plan in place for a possible outbreak of COVID-19 in the school setting. The Administration advised that schools should immediately report to CHP when a suspected or confirmed case of COVID-19 was encountered in school. If a student or staff member was confirmed to be a case of COVID-19, CHP would conduct contact tracing. Close contacts would be put under quarantine and other contacts would be put under medical surveillance.

52. Following the continuous suspension of face-to-face classes and school activities for all kindergartens, primary and secondary schools in Hong Kong before the CNY holidays, the Administration announced on 3 February 2021 that all kindergartens, primary and secondary schools (including special schools and schools offering non-local curriculum) as well as schools offering non-formal curriculum (i.e. "tutorial schools") would be allowed to arrange more students to return to campuses on a half-day basis after the schools' CNY holidays, with the number of students capped at one-third of the total number of students.¹¹ Some members enquired about the reasons for maintaining a cap on the number of students allowed in the campuses and whether advice had been sought from health experts when deciding the cap.

53. The Administration advised that there were high aspirations among parents and schools for resuming face-to-face classes as early as practicable for the benefits of all students. In this regard, the Education Bureau ("EDB") had been discussing with schools the relevant arrangements, taking into account the views of health experts as well as the latest epidemic situation and preparedness of the schools. As the epidemic situation was still prevalent, EDB would monitor the situation closely and maintain close dialogues with schools, health experts and other stakeholders and suitably adjust relevant arrangements at appropriate times. On 11 May 2021, EDB announced whole-school resumption of half-day face-to-face

¹¹ The number of students was capped at two-thirds of the schools' total number of students after the schools' Easter holidays.

class arrangements for all kindergartens as well as primary and secondary schools with effect from 24 May 2021. On 2 August 2021, EDB announced the face-to-face arrangements for schools in Hong Kong in the 2021/22 school year, which were updated on 16 September 2021. In brief, when individual schools have achieved the specified vaccination rate, EDB will, taking into consideration the actual circumstances of the schools, allow the students of such schools to resume normal school life, including whole-day face-to-face classes, luncheons, as well as extra-curricular activities.

Procurement and administration of vaccines

Adverse events following immunization with coronavirus disease 2019 vaccines and vaccination rate

54. Members noted that under the vaccination programme led by the Government, members of the public could get vaccinated on a voluntary basis and free of charge. Members were concerned that with reported cases of suspected adverse side effects associated with vaccination, a majority of the public might not have motivation to take vaccination. Some Members suggested that the Administration should issue guidelines on the groups of people who should not be given the COVID-19 vaccines and set up a hotline for consultation by the public. Besides, some members considered that the Administration should explain clearly to the public about serious adverse events following immunization with vaccines to allay the public's worries.

55. To boost the vaccination rate, some members considered that the Administration should provide incentives to encourage people to get vaccinated, including relaxing quarantine restrictions for travellers and social distancing measures, and providing financial incentives. There was also a suggestion that frontline healthcare personnel of public hospitals should proactively provide advice to patients on whether they were medically fit to receive vaccination and provide vaccination service for them immediately where appropriate. Some members considered that the Administration should require civil servants, teaching staff and healthcare personnel to get vaccination. Members generally appreciated the Administration's initiative to arrange one-off health check services free of charge for taxi and public light bus drivers to help them understand their health conditions and decide whether they were suitable for vaccination. They hoped that the measure could be extended to other trades and the elderly.

56. In response, the Administration advised that when entering into purchase agreements with vaccine developers, the Administration would make reference to relevant scientific evidence and clinical data and consult the views of relevant committees under DH and expert groups to ensure safety, efficacy and quality of the vaccines. On safety concerns, the Administration advised that they would continue to require vaccine developers to provide updated information including

latest clinical data and safety update report on the vaccines, and would closely monitor the situation worldwide.

57. The Administration added that it had developed and promulgated the "Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings".¹² The guidance notes provided general principles on what conditions healthcare professionals should watch out for, especially for patients with chronic diseases. The Administration further advised that DH also invited family doctors to participate in informative programmes to assess whether different cases were suitable for receiving vaccines. Furthermore, HA's general out-patient clinics were offering pre-vaccination consultation for patients.

58. Members also raised concern about whether the closure of some Community Vaccination Centres in November 2021 would affect the vaccination rate. The Administration advised that with more than 60% of the eligible population who had been vaccinated as at September 2021, it believed that after the closure of five Community Vaccination Centres in November 2021, the 21 Community Vaccination Centres (the operation of which would be extended to the end of 2021), together with the vaccination services of the Sinovac vaccine provided by private doctor clinics, could meet the demand of the public. The Administration further advised that it would focus on increasing the vaccination uptake of the elderly through facilitating measures.¹³

59. Some Members were concerned about whether the people concerned would be eligible for claiming the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines ("AEFI Fund") if the Expert Committee on Clinical Events Assessment following COVID-19 Immunization ("Expert Committee") had considered that the unexpected serious adverse events and the vaccination did not have direct causal association, in particular when those people had underlying diseases (e.g. 3-Highs (i.e. high blood glucose, high blood pressure and high cholesterol).

60. The Administration advised that the Expert Committee would conduct causality assessments on all important adverse events based on guidelines by WHO. As regards the AEFI Fund, one of the conditions of claiming the Fund was that the

¹² www.covidvaccine.gov.hk/pdf/Guidance_Notes.pdf

¹³ Starting from 22 September 2021, 21 Community Vaccination Centres under the COVID-19 Vaccination Programme distribute same-day tickets to all eligible persons who want to receive a COVID-19 vaccination so that they can get vaccinated in a Community Vaccination Centre at a designated time slot on the day of distribution. Starting from 29 September 2021, three COVID-19 Vaccination Stations are set up in Queen Mary Hospital, Queen Elizabeth Hospital and Tuen Mun Hospital to enable patients visiting the hospital for follow-up appointments and visitors, in particular patients of specialist out-patient clinics, to receive the BioNTech vaccination without prior booking when they have their follow-up medical consultation.

evaluation outcome of the Expert Committee could not rule out that the event was not associated with the administration of a vaccine under the Government's COVID-19 Vaccination Programme.

Procurement and administration of vaccines, and vaccine passport

61. Members noted that as at 9 February 2021, the Government had reached agreement with three vaccine developers to procure vaccines developed from different technology platforms. The names of the three vaccines were Sinovac vaccine, BioNTech vaccine and AstraZeneca vaccine. Given the reported cases of adverse side effects associated with AstraZeneca vaccine overseas and some countries had stopped administering that vaccine, members asked whether the Administration would suspend the use of AstraZeneca vaccine.

62. The Administration advised that it had not yet authorized AstraZeneca vaccine for emergency use in Hong Kong. Given that the Sinovac vaccine and BioNTech vaccine procured and authorised for emergency use by the Government were already sufficient for vaccination by the entire population of Hong Kong, there was no need for the AstraZeneca vaccine procured earlier to be supplied to Hong Kong in 2021.

63. Some members asked whether the Administration would arrange members of the public who had received two doses of vaccine to receive their third dose for better protection. The Administration advised that the Joint Scientific Committee was collecting data in this regard and would discuss the relevant arrangements. Regarding members' enquiries on whether the Administration had planned to enter into advance purchase agreements with individual vaccine developers on the next generation COVID-19 vaccines, the Administration advised at the Panel meeting in September 2021 that it would keep an eye on the vaccine development in the world.

64. Given that only one vaccine (i.e. the BioNTech vaccine) was available for students and many parents were worried about the possible myopericarditis caused by the vaccine,¹⁴ some members hoped that the Administration would explore with the pharmaceutical company with a view to extending the use of Sinovac vaccine to children and adolescents aged 12 to 17 years. The Administration advised that the major considerations of lowering the age threshold for receiving Sinovac vaccine were safety and effectiveness in children. The Joint Scientific Committee

¹⁴ The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases under the Centre for Health Protection of the Department of Health, joined by the Chief Executive's expert advisory panel, recommended on 15 September 2021 that persons aged 12 to 17 years should receive one dose of the BioNTech vaccine, instead of two doses, to balance the risk (Myopericarditis is a known side effect of the vaccine reported in both overseas and locally, with the majority occurred following the second dose in adolescents) and benefit of receiving the vaccine in the local setting.

would study the first and second phases of clinical data regarding the efficacy of the Sinovac vaccine in children and adolescents. It was noted that the phase three clinical trials conducted by the pharmaceutical company were underway.

65. Some members considered that the Administration should be well prepared for resumption of cross-border travel in the future or exemption from quarantine with "vaccine passport" to facilitate Hong Kong people travelling to the Mainland and overseas. They considered that the Administration should take into account mutual recognition of the vaccine passports.

66. The Administration advised that the Innovation and Technology Bureau was studying the situation of "vaccine passport" in the Mainland and how Hong Kong would join the scheme. With the rolling out of the COVID-19 Vaccination Programme, members of the public could download their electronic vaccination records using the "iAM Smart" mobile app and the relevant record was also available in the Electronic Health Record Sharing System. Such electronic records could serve as proof of vaccination for Hong Kong people travelling to other places in the future.

67. There was a view that the Administration might consider donating unused vaccines or those which were nearing expiry to other countries in need. The Administration replied that it would liaise with WHO to see whether there was a donation mechanism in place.

Latest development

68. The Administration will update the Panel on 8 October 2021 on its latest measures for the prevention and control of COVID-19 in Hong Kong.

Relevant papers

69. A list of relevant papers on the Legislative Council website is in the **Appendix**.

**Relevant papers on measures for the prevention and control of
coronavirus disease 2019 in Hong Kong**

A. Questions raised at the Legislative Council meetings

Date of Council meeting	Paper
8.1.2020	Urgent Question 1 - Issuing expeditiously guidelines on treating viral pneumonia Urgent Question 2 - Immediate measures to curb spread of epidemic in Hong Kong Urgent Question 3 - Enhancing measures to cope with epidemic outbreak
19.2.2020	Urgent Question 1 - Measures for tackling novel coronavirus outbreak Urgent Question 2 - Measures for tackling novel coronavirus outbreak
26.2.2020	Question 3 - Supply of anti-epidemic items Question 19 - Issues relating to novel coronavirus epidemic
18.3.2020	Question 4 - Tackling novel coronavirus epidemic Question 5 - Impacts of novel coronavirus epidemic on Hong Kong Question 6 - Supplies of anti-epidemic items Question 9 - Relief measures of the Government Question 10 - Impacts of the epidemic on schools and parents of students Question 14 - Issues relating to the novel coronavirus epidemic Question 18 - Efforts on rodent control and epidemic prevention

Date of Council meeting	Paper
22.4.2020	<u>Question 21 - Using Chinese medicine to prevent and treat Coronavirus Disease 2019</u>
29.4.2020	<u>Question 3 - Regulations made in respect of Coronavirus Disease 2019</u> <u>Question 9 - Anti-epidemic Fund relief measures</u> <u>Question 14 - Protection for employees contracting Coronavirus Disease 2019</u> <u>Question 17 - Compulsory quarantine at home</u> <u>Question 18 - Relief measures implemented by the Government</u>
6.5.2020	<u>Question 4 - Relief measures under Anti-epidemic Fund</u> <u>Question 10 - Quarantine arrangements amid Coronavirus Disease 2019 epidemic</u>
13.5.2020	<u>Question 6 - Quarantine requirement for persons arriving at Hong Kong from the Mainland</u>
20.5.2020	<u>Question 1 - Relief measures of the Government</u> <u>Question 3 - Tackling the epidemic and related matters by the Hospital Authority</u> <u>Question 6 - Quarantine facilities</u> <u>Question 19 - Relief measures amid the Coronavirus Disease 2019 epidemic</u>
27.5.2020	<u>Question 9 - Relief measures</u> <u>Question 10 - Privacy issues related to virus testing</u>
3.6.2020	<u>Question 16 - Provision of assistance for people not covered by relief measures</u> <u>Question 19 - Use of Chun Yeung Estate as temporary quarantine centre</u>

Date of Council meeting	Paper
10.6.2020	<u>Question 12 - Using the unoccupied Chun Yeung Estate as quarantine facilities</u>
17.6.2020	<u>Question 10 - Measures to counter epidemics</u>
24.6.2020	<u>Question 2 - Mutual recognition system for health codes of Guangdong, Hong Kong and Macao</u>
15.7.2020	<u>Question 12 - "New normal" of co-existence with virus</u>
28.10.2020	<u>Question 11 - Coping with the epidemic by residential care homes</u> <u>Question 17 - Statistics on the confirmed cases of Coronavirus Disease 2019</u> <u>Question 19 - Measures to boost the economy and relieve people's hardship</u>
4.11.2020	<u>Question 1 - Anti-epidemic work in private buildings</u> <u>Question 4 - Boosting economic recovery</u> <u>Question 22 - Statistics and dissemination of information on epidemic</u>
11.11.2020	<u>Question 3 - Coping with the Coronavirus Disease 2019</u> <u>Question 14 - COVID-19 Online Dispute Resolution Scheme</u>
18.11.2020	<u>Question 5 - LeaveHomeSafe" mobile application</u>
2.12.2020	<u>Question 3 - Coronavirus Disease 2019 vaccines</u> <u>Question 6 - Relief measures</u>
9.12.2020	<u>Question 13 - Government's anti-epidemic efforts</u>
16.12.2020	<u>Question 1 - Anti-epidemic measures</u> <u>Question 8 - "LeaveHomeSafe" mobile application</u>

Date of Council meeting	Paper
6.1.2021	<u>Question 1 - Anti-epidemic measures targeting at imported frozen goods</u> <u>Question 3 - "LeaveHomeSafe" mobile application</u> <u>Question 7 - Impacts of epidemic on students</u>
13.1.2021	<u>Question 2 - Measures to cope with epidemic</u> <u>Question 3 - Community-wide efforts to fight the epidemic</u> <u>Question 4 - Targeted anti-epidemic measures</u> <u>Question 5 - Anti-epidemic efforts targeted at foreign domestic helpers</u> <u>Question 10 - The Government's anti-epidemic efforts</u>
20.1.2021	<u>Question 1 - Making good use of technologies to prevent and combat epidemics</u> <u>Question 2 - Epidemic prevention in hospitals</u> <u>Question 4 - Return2hk Scheme</u> <u>Question 6 - Anti-epidemic measures</u> <u>Question 19 - Anti-epidemic efforts targeted at foreign domestic helpers</u>
27.1.2021	<u>Question 4 - Variants of the coronavirus</u> <u>Question 11 - Inspection of drainage pipes</u> <u>Question 19 - Support measures under Anti-epidemic Fund</u> <u>Question 22 - Coronavirus Disease 2019 vaccination programmes</u>

Date of Council meeting	Paper
5.2.2021	Question 7 - Assistance for food business industry amid epidemic Question 13 - Members of public flocking to countryside amid epidemic
24.2.2021	Question 9 - Anti-epidemic measures in public hospitals Question 19 - Compulsory testing and exemptions of compulsory quarantine
17.3.2021	Question 13 - Provision of assistance for industries affected by the epidemic
24.3.2021	Question 5 - COVID-19 Vaccination Programme
21.4.2021	Question 17 - COVID-19 Vaccination Programme
28.4.2021	Question 2 - Ventilation requirement for dine-in catering premises Question 5 - Compulsory testing Question 17 - Anti-epidemic measures
5.5.2021	Question 6: Vaccination against the Coronavirus Disease 2019 Question 12: Confirmed cases of Coronavirus Disease 2019 Question 16: COVID-19 virus testing services Question 22: Coronavirus Disease 2019 vaccines
12.5.2021	Question 18: Coronavirus Disease 2019 testing services Question 21: Vaccination for visitors to Hong Kong
26.5.2021	Question 9: Vaccination against COVID-19 Question 16: Persons recovered from coronavirus disease 2019 receiving vaccination

Date of Council meeting	Paper
	<u>Question 17: Strategy of "preventing the importation of cases" to cope with the epidemic</u> <u>Question 20: Coronavirus Disease 2019 vaccines</u>
2.6.2021	<u>Question 6: Coronavirus disease 2019 vaccines</u> <u>Question 13: Law enforcement for anti-epidemic measures</u> <u>Question 15: Quarantine arrangements</u>
9.6.2021	<u>Question 2: Encouraging members of public to receive vaccination</u> <u>Question 18: Mutual recognition of vaccination records</u>
23.6.2021	<u>Question 4: Exempting certain persons from compulsory quarantine when entering Hong Kong</u> <u>Question 13: Facilitating measures for Hong Kong people vaccinated outside Hong Kong</u> <u>Question 21: Provision of sick leave or allowance for persons undergoing compulsory quarantine</u>
7.7.2021	<u>Question 12: Encouraging members of public to get vaccinated</u> <u>Question 13: COVID-19 Vaccination Programme</u> <u>Question 18: Measures to cope with the epidemic</u>
14.7.2021	<u>Question 2: "LeaveHomeSafe" mobile app and electronic vaccination records</u>
21.7.2021	<u>Question 17: Encouraging and facilitating members of public to receive vaccination</u> <u>Question 21: Encouraging members of public to receive vaccination</u>

Date of Council meeting	Paper
18.8.2021	<u>Question 14: Persons exempted from compulsory quarantine</u>
25.8.2021	<u>Question 3 - Vaccination against Coronavirus Disease 2019</u> <u>Question 21 - Staff of catering businesses receiving vaccination</u>
1.9.2021	<u>Question 3 - Epidemic-related measures</u> <u>Question 11 - Inbound epidemic prevention and control measures</u>
15.9.2021	<u>Question 12 - Vaccination against Coronavirus Disease 2019</u> <u>Question 14 - Vaccine-related issues</u>
29.9.2021	<u>Question 4 - Resumption of normal traveller clearance between Hong Kong and Mainland</u> <u>Question 5 - Immigration quarantine for foreign domestic helpers</u> <u>Question 9 - Strategies to cope with the epidemic</u>

B. Other papers

Committee/Subcommittees meetings	Date of meeting	Paper
Panel on Health Services	10.1.2020 (Item IV)	Agenda CB(2)506/19-20(01)# CB(2)664/19-20(01)# CB(2)873/19-20(01) Minutes
	30.1.2020 (Item I)	Agenda CB(2)873/19-20(01) CB(2)915/19-20(01)# Minutes
	8.2.2020*	CB(2)601/19-20(01)
	10.3.2020 (Item I)	Agenda CB(2)873/19-20(01) CB(2)937/19-20(01)# Minutes
	20.3.2020 (Item IV)	Agenda CB(2)786/19-20(01) CB(2)787/19-20(01) CB(2)873/19-20(01) Minutes
	8.4.2020 (Item I)	Agenda CB(2)859/19-20(01) CB(2)873/19-20(01) Minutes
	24.4.2020 (Item III)	Agenda CB(2)938/19-20(01)Δ CB(2)1107/19-20(01) Minutes
	8.5.2020 (Item III)	Agenda CB(2)1139/19-20(01)# Minutes

	10.7.2020 (Item II)	Agenda Minutes
	13.11.2020 (Item VI)	Agenda
	16.12.2020 (Item I)	Agenda
	22.1.2021 * ^Δ	CB(4)419/20-21(01)
	5.2.2021 (Item III)	Agenda
	12.3.2021 (Item III)	Agenda
	9.4.2021 (Item III)	Agenda
	4.5.2021 (Item I)	Agenda
	14.5.2021 (Item III)	Agenda
	11.6.2021 (Item IV)	Agenda
	9.7.2021 (Item III)	Agenda
	20.8.2021 (Item III)	Agenda
	10.9.2021 (Item III)	Agenda
Finance Committee	15.4.2021	Reply Serial Nos. FHB(H)005, 037, 041, 067, 068, 073, 091, 092, 116, 125, 126, 128, 135, 137, 150, 156, 174, 175, 184-187, 189, 191, 193-195, 204, 205, 214-216, 219,

		224, 227, 230, 234-238, 241 and 242
Subcommittee on Subsidiary Legislation Relating to the Prevention and Control of Disease	-	First to eighth reports

* Issue date

Chinese version only

△ English version to follow

Council Business Division 4
Legislative Council Secretariat
7 October 2021